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APG, MD 21010-5424		82 \	Vicki A. Upchurch		(Depositor's name)	
	FEB 1	FEB 1 8 2011 (b)			(Signature)	
		FED ' Q	February 18, 2011		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO	
09/992,684	11/19/2001	Corey M. Grove		DAM 557-01	5881	
TITLE OF INVENTION: M	IODULAR HELMET-M	ASK ASSEMBLY				

DATEDUE PUBLICATION FEE DUB PREV. PAID ISSUE FEE TOTAL FIRE(\$) DUE ISSUE PEE DUK SMALL ENTITY APPLN. TYPE \$1510 05/16/2011 SU \$0 \$1510 NO numerovisional CLASS-SUBCLASS ART UNIT EXAMINER 3734 128-206210 MENDOZA, MICHAEL G 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Ulysses John Biffoni (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE The United States (B) RESIDENCE: (CITY and STATE OR COUNTRY) Washington, D.C. of America as Represented by the Secretary of the Army Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🖾 Government 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. State Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2201 (enclose an extra copy of this form). Advance Order - # of Copies 6 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). a, Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from unyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. interest as shown by the records of the Unite 09992684 Authorized Signature 39:1908 NA U. John Biffon Registration No. Typed or printed name 10 00 00

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